



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

SARA VASQUEZ

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SHAN LEE

SECRETARY

JAMES BARGER

COMMISSIONER

GENEVIEVE MORRILL

COMMISSIONER

June 25, 2015

Ike Yoon
The Shot Exchange
26891 Bouquet Canyon Rd.
Santa Clarita, CA 91350

HEARING ON APPLICATION FOR ENTERTAINMENT-GEN. W/DANCE/SC & ANNUAL DANCE/SC BUSINESS LICENSE ID #142264

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, July 8, 2015 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

SARA VASQUEZ
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....06/18/2015
2ND PUBLISHING DATE:.....06/25/2015
3RD PUBLISHING DATE:.....07/02/2015

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

ENTERTAINMENT GEN. W/DANCE /SC & ANNAUL DANCE /SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:..... 26891 BOUQUET CANYON RD.
SANTA CLARITA, CA 91350
NAME OF APPLICANT:..... THE SHOT EXCHANGE / IKE YOON
DATE OF HEARING:..... 07/08/2015
TIME OF HEARING:..... 09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 3,570.00

ID # 142264

BUSINESS INFORMATION

| | | |
|--|--|--------|
| Type of Business: <u>PUBLIC EATING PLACE, ETC.</u> <u>W/DANCE, 3 COIN CALIBATED GAMING,</u> <u>BAR</u> 1 COIN PHOTOGRAPH | Address of Business: <u>26891 BANQUET CANYON RD., SANTA CLARA, CA 91350</u> | |
| DBA (Business Name): <u>THE SHOT EXCHANGE</u> | Business Telephone: <u>661-297-8761</u> | |
| | Mailing Address: <u>26891 BANQUET CANYON RD.</u> <u>SANTA CLARA, CA, 91350</u> | |
| Sellers Permit # (State Board of Equalization): <u>102713488</u> | | |
| Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required: | | |
| Date of Incorporation: | Incorporated in the State of: | |
| Exact Corporate Name: | | |
| Names of Officers | Addresses | Titles |
| | | |
| | | |
| | | |
| | | |

APPLICANT INFORMATION

| | | |
|--|---------------------------|-----------------------------|
| Applicant's Full Name: <u>IKE YOON</u> | | |
| Home Address: | | |
| Home Telephone: | Cell Phone: | Email address: |
| Social Security #: | Date of Birth: <u>1/1</u> | Place of Birth: |
| Driver's License or State ID#: | | Expiration Date: <u>1/1</u> |
| Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> | Height | Weight |
| | Hair Color | Eye Color |

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: _____ Applicant's Signature: [Signature]

Application taken by: ME Date: _____



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE/SC

ADDRESS OF BUSINESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-8761

OWNER OF BUSINESS: IKE YOON

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE SHOT EXCHANGE

MAILING ADDRESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

| | <u>APPROVED</u> | <u>DATE</u> | <u>SIGNATURE</u> |
|---|-----------------|-------------|------------------|
| <input type="checkbox"/> 1. Animal Care & Control | | | |
| <input type="checkbox"/> 2. Risk Management | | | |
| <input checked="" type="checkbox"/> 3. Building & Safety | | | |
| <input checked="" type="checkbox"/> 4. Fire Department | YES | 06/12/15 | tchen |
| <input type="checkbox"/> 5. Public Health | | | |
| <input checked="" type="checkbox"/> 6. Treasurer & Tax Collector | YES | 06/09/15 | tchen |
| <input checked="" type="checkbox"/> 7. Business License Commission | | | |
| <input type="checkbox"/> 8. Sheriff Department | | | |
| <input checked="" type="checkbox"/> 9. Regional Planning Commission | YES | 04/17/15 | tchen |
| <input type="checkbox"/> 10. Weights and Measures | | | |
| <input checked="" type="checkbox"/> 11. Publishing | YES | 06/18/15 | tchen |
| <input type="checkbox"/> 12. Public Works - EPD | | | |
| <input checked="" type="checkbox"/> 13. Sheriff Fingerprint | YES | 04/16/15 | tchen |

Conditions:



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-8761

OWNER OF BUSINESS: IKE YOON

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE SHOT EXCHANGE

MAILING ADDRESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

| | <u>APPROVED</u> | <u>DATE</u> | <u>SIGNATURE</u> |
|---|-----------------|-------------|------------------|
| <input type="checkbox"/> 1. Animal Care & Control | | | |
| <input type="checkbox"/> 2. Risk Management | | | |
| <input checked="" type="checkbox"/> 3. Building & Safety | YES | 04/14/15 | tchen |
| <input checked="" type="checkbox"/> 4. Fire Department | YES | 06/12/15 | tchen |
| <input type="checkbox"/> 5. Public Health | | | |
| <input checked="" type="checkbox"/> 6. Treasurer & Tax Collector | YES | 06/09/15 | tchen |
| <input checked="" type="checkbox"/> 7. Business License Commission | | | |
| <input type="checkbox"/> 8. Sheriff Department | | | |
| <input checked="" type="checkbox"/> 9. Regional Planning Commission | YES | 04/17/15 | tchen |
| <input type="checkbox"/> 10. Weights and Measures | | | |
| <input checked="" type="checkbox"/> 11. Publishing | YES | 06/18/15 | tchen |
| <input type="checkbox"/> 12. Public Works - EPD | | | |
| <input checked="" type="checkbox"/> 13. Sheriff Fingerprint | YES | 04/16/15 | tchen |

Conditions:

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

*emailed
4/14/15*

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE /SC

ADDRESS OF BUSINESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-8761

OWNER OF BUSINESS: IKE YOON

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE SHOT EXCHANGE

MAILING ADDRESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*We recommend approval at
this time.*

SIGNATURE:

Quana Hamick

DATE:

4/14/15

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

*mailed
4/14/15*

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-8761

OWNER OF BUSINESS: IKE YOON

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE SHOT EXCHANGE

MAILING ADDRESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*We recommend approval at
this time.*

SIGNATURE:

Deanna Hamrick

DATE:

4/14/15

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE /SC

ADDRESS OF BUSINESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-8761

OWNER OF BUSINESS: IKE YOON

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE SHOT EXCHANGE

MAILING ADDRESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: FS# 111 of

DATE: 6/11/15

BASIC LICENSE NO. 8298

DATE 04/14/15

IDENTIFICATION NUMBER 142264

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-8761

OWNER OF BUSINESS: MKE YOON

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE SHOT EXCHANGE

MAILING ADDRESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: FS# 111 of

DATE: 6/11/15

BASIC LICENSE NO. 8298

DATE 04/14/15

IDENTIFICATION NUMBER 142264

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE /SC

ADDRESS OF BUSINESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-8761

OWNER OF BUSINESS: IKE YOON

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE SHOT EXCHANGE

MAILING ADDRESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

TREASURER & TAX COLLECTOR
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

6/9/15

BASIC LICENSE NO. 8346

DATE 04/14/15

IDENTIFICATION NUMBER 142264

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-8761

OWNER OF BUSINESS: IKE YOON

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE SHOT EXCHANGE

MAILING ADDRESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

TREASURER & TAX COLLECTOR
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

6-9-15

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE /SC

ADDRESS OF BUSINESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-8761

OWNER OF BUSINESS: IKE YOON

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE SHOT EXCHANGE

MAILING ADDRESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

REGIONAL PLANNING
SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

approval for change in ownership
OTCIS-329

SIGNATURE: 

DATE: 4/28/15

BASIC LICENSE NO. 8346

DATE 04/14/15

IDENTIFICATION NUMBER 142264

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-8761

OWNER OF BUSINESS: IKE YOON

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE SHOT EXCHANGE

MAILING ADDRESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

REGIONAL PLANNING
SANTA CLARITA



APPROVAL

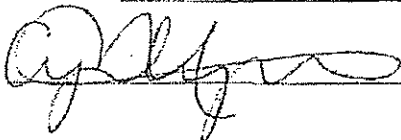


DENIAL

RECOMMENDATION:

Approval for change in ownership
OTCIS-329

SIGNATURE:



DATE:

4/28/15

BASIC LICENSE NO. 8298

DATE 04/14/15

IDENTIFICATION NUMBER 142264

✓

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

15-00518

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE /SC

ADDRESS OF BUSINESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-8761

OWNER OF BUSINESS: IKE YOON

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE SHOT EXCHANGE

MAILING ADDRESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

Approved

SIGNATURE: _____

WJD 53417

DATE: 4/16/15

BASIC LICENSE NO. 8346

DATE 04/14/15

IDENTIFICATION NUMBER 142264

Scanned 4/16

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COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

15-00519

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-8761

OWNER OF BUSINESS: IKE YOON

CAL. DR. LIC.# : .

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE SHOT EXCHANGE

MAILING ADDRESS: 26891 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

Approved

SIGNATURE: _____

WJ 536470

DATE: _____

4/16/15

BASIC LICENSE NO. 8298

DATE 04/14/15

IDENTIFICATION NUMBER 142264

Send to Tony 4/16